

VZCZCXRO4094  
OO RUEHCHI RUEHDT RUEHHM RUEHNH  
DE RUEHGO #0429/01 1910337  
ZNY CCCCC ZZH  
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FM AMEMBASSY RANGOON  
TO RUEHC/SECSTATE WASHDC IMMEDIATE 9220  
INFO RUCNASE/ASEAN MEMBER COLLECTIVE  
RUEHBJ/AMEMBASSY BEIJING 2362  
RUEHBY/AMEMBASSY CANBERRA 2136  
RUEHKA/AMEMBASSY DHAKA 5282  
RUEHNE/AMEMBASSY NEW DELHI 5610  
RUEHUL/AMEMBASSY SEOUL 9206  
RUEHKO/AMEMBASSY TOKYO 6784  
RUEHCN/AMCONSUL CHENGDU 1872  
RUEHCHI/AMCONSUL CHIANG MAI 2250  
RUEHCI/AMCONSUL KOLKATA 0720  
RUEAUSA/DEPT OF HHS WASHDC  
RUEHPH/CDC ATLANTA GA  
RUEHRC/USDA FAS WASHDC  
RHHMUNA/CDR USPACOM HONOLULU HI  
RHEHNSC/NSC WASHDC  
RUEKJCS/SECDEF WASHDC  
RUEKJCS/JOINT STAFF WASHDC

C O N F I D E N T I A L SECTION 01 OF 02 RANGOON 000429

SIPDIS

STATE FOR EAP/MLS, CA/OCS/ACS/EAP, OES, G/AIAG  
PACOM FOR FPA  
USDA FOR FAS/PECAD, FAS/CNMP, FAS/AAD, APHIS  
BANGKOK FOR USAID:JMACARTHUR, APHIS:RTANAKA, REO:HHOWARD  
DEPT PLEASE PASS TO HHS FOR OGHA STEIGER AND HICKEY  
PASS TO CDC ATLANTA FOR CCID AND COGH

E.O. 12958: DECL: 08/14/2017  
TAGS: [KFLU](#) [AEMR](#) [ASEC](#) [CASC](#) [KFLO](#) [TBIO](#) [EAID](#) [KPAO](#) [PREL](#)  
PINR, AMGT, BM  
SUBJECT: BURMA: MINISTRY OF HEALTH CONFIRMS SECOND A/H1N1  
CASE

REF: RANGOON 402

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Classified By: Economic Officer Samantha A. Carl-Yoder for reasons 1.4  
(b and d).

Summary  
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1. (C) The Ministry of Health (MOH) on July 9 confirmed Burma's second A/H1N1 case -- a 20-year old Burmese man who recently returned from Bangkok. The man, who was diagnosed on July 9, is receiving tamiflu treatment at Wei Bagi Infectious Disease Hospital in Rangoon. The MOH is conducting surveillance on relatives, airport staff, and the 106 passengers who traveled with the man on the July 6 Thai Air Asia flight. Ministry of Health officials surmise there are likely more cases of A/H1N1 in Burma, but note they lack the technology necessary to conduct substantive sample tests. USAID will be seeking approval to reprogram H5N1 Pandemic Flu funds to procure through WHO the necessary technical equipment for rapid detection of A/H1N1. End Summary.

Another A/H1N1 Case Confirmed  
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2. (SBU) According to WHO Acting Representative Dr. Hans Kluge, the Ministry of Health (MOH) confirmed Burma's second A/H1N1 case on July 9. Local media outlet MRTV conveyed the news during its July 9 evening report and the state-run New Light of Myanmar published a short article on the first page of the July 10 paper. The patient, a 20-year old Burmese man who traveled to Rangoon from Bangkok on the July 6 Thai Air Asia flight, did not demonstrate symptoms upon arrival in

Rangoon. Kluge confirmed that the patient exhibited influenza-like symptoms on July 7 and voluntarily sought treatment at Wei Bagi Infectious Disease Hospital in Rangoon.

The MOH National Influenza Reference Lab, using a conventional Polymerase Chain Reaction (PCR) Thermal Cycler machine, conducted A/H1N1 testing and confirmed a positive case on July 9.

13. (SBU) According to Dr. Kluge, the man remains under treatment at Wei Bagi Hospital. The MOH is currently conducting surveillance on the man's relatives, airport staff, and the 106 passengers who traveled with him on the Thai Airways flight.

#### Update on the First Case

14. (SBU) Dr. Kluge confirmed that the 13-year old girl who tested positive for A/H1N1 in late June (Reftel) was released from Yangon General Hospital on July 8. After five days of tamiflu treatment, she has recovered and is in good spirits. According to the MOH, there is no indication of any human-to-human A/H1N1 transmission here as yet.

#### More Cases in Burma?

15. (C) Dr. Khin Yi Oo (PROTECT), National Influenza Center staff, diagnosed the first A/H1N1 case in Burma. It was serendipity. She heard the coughs of her student who had just returned from Singapore. (The Doctor tutors to supplement her meager civil service income.) Dr. Khin Yi Oo told us there are likely more cases of A/H1N1 in Burma, but

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the MOH lacks the diagnostic capacity to quickly test samples. So far, the National Influenza Laboratory has made due with its conventional PCR machine, which takes up to 16 hours to test a sample. Dr. Khin Yi Oo observed that should Burma experience a major outbreak of A/H1N1, the National Laboratory will be unable to handle the caseload. To date, the laboratory has tested less than 50 samples, due to time constraints and difficulties obtaining samples from different hospitals and clinics.

16. (C) WHO Epidemiologist Silvia Garelli reiterated WHO's request for assistance in procuring a Real Time PCR (RT-PCR). She noted that although the Singapore Government initially indicated it would procure a machine for the MOH, it has yet to do so. USAID has agreed to consider reprogramming some of its H5N1 Pandemic Flu monies to procure an RT-PCR, as well as train lab technicians on proper use. Any reprogramming would be contingent upon MOH providing USG officials with access to the National Influenza Laboratory for monitoring and evaluation.

DINGER